

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. Park 11783
State File No. _____
Registrar's No. 383-B

BIRTH NO. FILED APR 26 1954		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 383-B	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN WEST PLAINS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 603 Worcester 0461			
3. NAME OF DECEASED (Type or Print) CLAUDE		a. (First)		b. (Middle) A.		c. (Last) PERKINS	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
APRIL		13		1954			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Jan 11, 1887	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Morris Chapel, Tennessee /		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Mack Perkins		13b. MOTHER'S MAIDEN NAME Georgia Ann Beard		14. NAME OF HUSBAND OR WIFE Myrtle Moffett Perkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-09-1100		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. A. Perkins, West Plains, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bleeding Duodenal Ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydratharsal DUE TO (c) Hydropneumothorax II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5410				INTERVAL BETWEEN ONSET AND DEATH 18 days 4 days 4 days	
19a. DATE OF OPERATION 4/5/54		19b. MAJOR FINDINGS OF OPERATION Large Duodenal Ulcer with Arterial erosion				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-27, 1954, to 4-13, 1954, that I last saw the deceased alive on 4-13, 1954, and that death occurred at 12:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE W. J. Park, M.D.		(Degree or title)		23b. ADDRESS 609 Cherry, Springfield Mo		23c. DATE SIGNED 4/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/13/54		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) West Plains, Missouri	
DATE REC'D BY LOCAL REG. 4-19-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornburgh Funeral Home, West Plains, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frederic T. Swadlow

Licensed Embalmer No.....
48

P. O. Address.....
Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.